2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mar 07, 2003 8:00 am § Secretary of State **DOCUMENT # 711621** 1. Entity Name 03-07-2003 90064 039 ****61.25 ST. PETERSBURG LIONS FOUNDATION, INC. Principal Place of Business Mailing Address 330 - 5TH STREET N P. O. BOX 11734 PO BOX 11734 PO BOX 11734 ST. PETERSBURG FL 33733 ST. PETERSBURG FL 33733 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-1224119 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HEISTAND, PAUL K. Street Address (P.O. Box Number is Not Acceptable) 221 - 2ND AVENUE NORTH ST. PETERSBURG FL 33701 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change Addition MASTERSON, MICHAEL NAME NAME STREET ADDRESS 725 - 61ST ST N STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33710 CITY-ST-ZIP TD TITLE ☐ Delete TITLE Change ☐ Addition **BONITATI, CHARLES** NAME STREET ADDRESS 521 MORENO CIRCLE N. STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL CITY-ST-ZIP ns TITLE ☐ Delete TITLE ☐ Change ☐ Addition HEISTAND, PAUL NAME NAME STREET ADDRESS 221-2ND AVE NORTH STREET ADDRESS CITY-ST-ZU ST PETERSBURG FL CITY-ST-ZIP TIT! F Delete PD ☐ Change X Addition SIMON, JOHN NAME NAME BUD WALDMANN STREET ADDRESS 7321 CENTRAL AVENUE STREET ADDRESS 8506 - 30th St. E. CITY-ST-7IP ST PETERSBURG FL CITY-ST-ZIP <u>Parrish, FL 34219</u> $\overline{\mathsf{PD}}$ TITLE X Delete TITLE ☐ Change ☐ Addition LENNICK, KEITH NAME NAME STREET ADDRESS 138 45 AV N STREET ADDRESS SAINT PETERSBURG FL 33703 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS